UNOFFICIAL COPY

STATE OF ILLINOIS **DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**

NOTICE AND CLAIM OF LIEN

[X] INITIAL LIEN []RENEWAL

DATE OF INITIAL LIEN



Doc#: 1407341035 Fee: \$40.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 03/14/2014 10:40 AM Pg: 1 of 1

Notice is hereby giver that I, George Luetkemeyer, acting in my official capacity as an Authorized Representative of the By eau of Collections, Technical Recovery Section in the Department of Healthcare and Family Services, and my successors in office, hereby claim and intend to hold a lien

on the following described real estate, to-wit: Lot 22 in Block 4 in Forest Manor, a Subdivision of the South 40 acres of the East 1/2 of the Southeast fractional 1/4 South of the Indian Eoundary Line of Section 6, Township 36 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. Commonly known as: 19 West 143rd Street, Of Collison Dixmoor, Illinois 60426 P.I.N. 29-06-427-021-0000

	!+-+-	io ov or d b	CASE ID #: 91-200-B09677	
A legal or equitable interest in said described	real estate	IS O ALCO D	COUNTY OF RESIDENCE	200
CLIENT NAME: JAMES SLAUGHTEK			0001111 01 71=1=	
ADDRESS: Heather HealthCare Center, 1560	0 Honore A	\ve, Harve ⁻ /	, h. 60426	
and/or Article III and/or Article				
V of the Illinois Public Aid Code, and for paym	ents made	to preserve	exthe said lien in accordance v	vith
V of the Illinois Public Aid Code, grid for paying	\mathcal{V}	. /		
statutory provisions.	・スス	11	10.1.0011	
2/2-12/14 RDAY	u) // X	i illi	Ilmin	
DATE: 225/2014 AUTHORIZEDE	REPRESE	ITATIVE, B	BUREAU OF CCLLECTIONS	
AOTION:229/12-12-2				
	}	Healthcare and	d Family Services	
State of Illinois	}	Collections/Te	echnical Recovery Contact/Return to: 312-793-3520	
State of fillinois	i SS	401 S. Clinton	1 - 5th Floor	
Country of Cook	}	Chicago, IL 6	,0607-3800	
County of Cook	•			
LEGE (HAR S (MA N), Notary Public do hereby certify that George				
Luetkemeyer, as an Authorized Representative of the Bureau of Collections, Technical Recovery				
and Eamily Services, Description to be the services and Eamily Services, Delsonally known to be the services				
The subsprint to the foredoing instituted appeared octors and any in Factorial				
and acknowledged that she/he signed the said instrument as required by law, for the uses therein set				
and dominative games				

OFFICIAL SEAL ESTELL HARDIMAN NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:01/21/15

HFS 237 (R-10-2006)

Notary Public

Given under my hand and seal this

IL478-0208